

SEP 22 2003

PATENT & TRADEMARK OFFICE

Please type a plus sign (+) inside this box →

+

PTO/SB/21 (08-00)

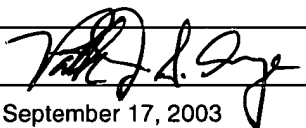
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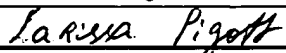
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/929,243	
	Filing Date	August 13, 2001	
	First Named Inventor	Bardy, Gust H.	
	Group Art Unit	3762	
	Examiner Name	F. Oropeza	
Total Number of Pages in This Submission		Attorney Docket Number	020.0220.US.CON

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Preliminary Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement and Transmittal Letter <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1 Published Reference Postcard
Remarks		<div>RECEIVED</div> <div>SEP 24 2003</div> <div>TECHNOLOGY CENTER R3700</div>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Law Offices of Patrick J.S. Inouye
Signature	
Date	September 17, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:			
			September 17, 2003
Type or printed name	Larissa V. Pigott		
Signature		Date	September 17, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Mail Stop IDS, PO Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL
for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) 180.00
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Complete if Known

Application Number	09/929,243
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Filing Date	August 13, 2001
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First Named Inventor	Bardy, Gust H.
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Examiner Name	F. Oropeza
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Art Unit	3762
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Attorney Docket No.	020.0220.US.CON
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SEP 24 2003

~~TECHNOLOGY CENTER R3700~~

METHOD OF PAYMENT *(check all that apply)*☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None☐ Deposit Account

Deposit
Account
Number

501144

Deposit Account Name	Account Number	Account Type	Account Balance
Current	123456789	Current	1000.00
Savings	987654321	Savings	500.00
Fixed Deposit	567890123	Fixed Deposit	2000.00
Recurring Deposit	345678901	Recurring Deposit	1500.00
Emergency Fund	234567890	Emergency Fund	3000.00
Retirement Fund	012345678	Retirement Fund	4000.00
Education Fund	890123456	Education Fund	2500.00
Health Insurance	789012345	Health Insurance	1200.00
Life Insurance	678901234	Life Insurance	800.00
Travel Fund	567890123	Travel Fund	600.00
Charitable Fund	456789012	Charitable Fund	300.00
Emergency Fund	345678901	Emergency Fund	2000.00
Retirement Fund	234567890	Retirement Fund	4000.00
Education Fund	123456789	Education Fund	2500.00
Health Insurance	012345678	Health Insurance	1200.00
Life Insurance	901234567	Life Insurance	800.00
Travel Fund	890123456	Travel Fund	600.00
Charitable Fund	789012345	Charitable Fund	300.00
Emergency Fund	678901234	Emergency Fund	2000.00
Retirement Fund	567890123	Retirement Fund	4000.00
Education Fund	456789012	Education Fund	2500.00
Health Insurance	345678901	Health Insurance	1200.00
Life Insurance	234567890	Life Insurance	800.00
Travel Fund	123456789	Travel Fund	600.00
Charitable Fund	012345678	Charitable Fund	300.00
Emergency Fund	901234567	Emergency Fund	2000.00
Retirement Fund	890123456	Retirement Fund	4000.00
Education Fund	789012345	Education Fund	2500.00
Health Insurance	678901234	Health Insurance	1200.00
Life Insurance	567890123	Life Insurance	800.00
Travel Fund	456789012	Travel Fund	600.00
Charitable Fund	345678901	Charitable Fund	300.00
Emergency Fund	234567890	Emergency Fund	2000.00
Retirement Fund	123456789	Retirement Fund	4000.00
Education Fund	012345678	Education Fund	2500.00
Health Insurance	901234567	Health Insurance	1200.00
Life Insurance	890123456	Life Insurance	800.00
Travel Fund	789012345	Travel Fund	600.00
Charitable Fund	678901234	Charitable Fund	300.00
Emergency Fund	567890123	Emergency Fund	2000.00
Retirement Fund	456789012	Retirement Fund	4000.00
Education Fund	345678901	Education Fund	2500.00
Health Insurance	234567890	Health Insurance	1200.00
Life Insurance	123456789	Life Insurance	800.00
Travel Fund	012345678	Travel Fund	600.00
Charitable Fund	901234567	Charitable Fund	300.00
Emergency Fund	890123456	Emergency Fund	2000.00
Retirement Fund	789012345	Retirement Fund	4000.00
Education Fund	678901234	Education Fund	2500.00
Health Insurance	567890123	Health Insurance	1200.00
Life Insurance	456789012	Life Insurance	800.00
Travel Fund	345678901	Travel Fund	600.00
Charitable Fund	234567890	Charitable Fund	300.00
Emergency Fund	123456789	Emergency Fund	2000.00
Retirement Fund	012345678	Retirement Fund	4000.00
Education Fund	901234567	Education Fund	2500.00
Health Insurance	890123456	Health Insurance	1200.00
Life Insurance	789012345	Life Insurance	800.00
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Charitable Fund	567890123	Charitable Fund	300.00
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Retirement Fund	901234567	Retirement Fund	4000.00
Education Fund	890123456	Education Fund	2500.00
Health Insurance	789012345	Health Insurance	1200.00
Life Insurance	678901234	Life Insurance	800.00

Law Offices of Patrick J.S. Inouye

The Commissioner is authorized to: *(check all that apply)*

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissure filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below	=	Fee Paid
Total Claims		- 20**	X		=	
Independent Claims		- 3**	X		=	
Multiple Dependent					=	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)	(\$)
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** or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge – late filing fee or oath	
1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive – unavoidable	
1453	1,300	2453	650	Petition to revive – unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	180
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	


Other fee (specify)	Terminal Disclaimer
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*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$180.00)

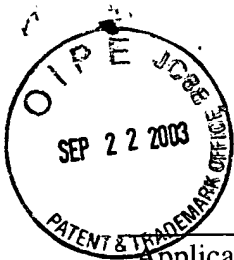
SUBMITTED BY

Name (Print/Type)	Patrick J. Snouye	Registration No. (Attorney/Agent)	40297	Telephone	(206) 381-3900
Signature				Date	September 17, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, PO Box 1450, Alexandria, VA 22313.**

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



3762-~~1~~
CC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bardy

Serial No.: 09/929,243

Filed: August 13, 2001

Title: System And Method For Patient
Monitoring Using A Reference
Baseline For Use In Automated
Patient Care

Group Art Unit: 3762

Examiner: F. Oropeza

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TECHNOLOGY CENTER R3700

#15
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TECHNOLOGY CENTER R3700

Attorney Docket No.: 020.0220.US.CON

Commissioner for Patents
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Dear Sir:

This Information Disclosure Statement is submitted:

☐ under 37 CFR 1.97(b), or
(Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last)

☒ under 37 CFR 1.97(c) together with either a:
☐ Statement under 37 CFR 1.97(e), or
☒ a \$180.00 fee under 37 CFR 1.17(p), or
(After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first)

☐ under 37 CFR 1.97(d) together with a:
☐ Statement under 37 CFR 1.97(e), and
☐ a \$180.00 fee set forth in 37 CFR 1.17(p).
(Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)

☒ Applicant(s) submit herewith Form PTO 1449-Information Disclosure Citation together with copies, of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

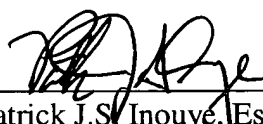
09/23/2003 WAB/DELRI 0000 05929243
180.00 0P
09/23/2003 WAB/DELRI 0000 05929243
180.00 0P

The relevance of the attached references is that this is the closest art of which Applicant is aware. Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

It is requested that the information disclosed herein be made of record in this application.

Respectfully submitted,

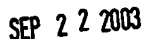
The Law Offices of Patrick J.S. Inouye
810 Third Avenue, Suite 258
Seattle, WA 98104
(206) 381-3900
(206) 381-3999



Patrick J.S. Inouye, Esq.
Attorney/Agent for Applicant(s)
Reg. No. 40297

Date: September 17, 2003

Telephone No.: (206) 381-3900



Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**
(use as many sheets as necessary)

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FOREIGN PATENT DOCUMENTS

Examiner
Signature

¹Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04.

document under WIPO Standard ST-1, if it is possible. Applicants are placed under a time pressure to complete this form. The time to complete this form will vary depending on the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Mail Stop IDS, PO Box 1450, Alexandria, VA 22313-1450.